

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							161						
102	1						162						
103		1					163						
104		1					164						
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148													
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150													
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	3						TOTAL DEP.						
TOTAL CLAIMS	4						TOTAL CLAIMS						

SERIAL NO.	FILING DATE
APPLICANT(S)	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AFTER 3rd AMENDMENT		AFTER 4th AMENDMENT		AFTER 5th AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
31						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						